

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024708

STATE FILE NUMBER

XC-445449  
REG.# 16750  
AUG 11 1958

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

484

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>RIPLBY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		c. CITY OR TOWN <b>FAIRDEALING</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADM. HOSPITAL</b>		d. STREET ADDRESS <b>STAR ROUTE</b>	
3. NAME OF DECEASED (Type or print) First <b>THOMAS</b> Middle <b>(NMI)</b> Last <b>BORKUS</b>		4. DATE OF DEATH Month <b>JULY</b> Day <b>27</b> Year <b>1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-7-88</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		11. BIRTHPLACE (City and state or country) <b>BASGOLA, LITHUANIA</b>	
13a. FATHER'S NAME <b>ANTHONY BORKUS</b>		14. NAME OF HUSBAND OR WIFE <b>NELLIE BORKUS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES NMI</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY THROMBOSIS.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>18 HOURS</b>	
DUE TO (b) _____ DUE TO (c) _____		4201 H 2	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not included in the terminal condition entered in Part I) <b>1. HYPERTROPHY PROSTATE. 2. INCISIONAL HERNIA. 3. LEFT INGUINAL HERNIA. 4. PATHOLOG. FRACTURE T-8. 5. SUSPECTED CARCINOMA OF PROSTATE.</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION. COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ On the date stated above, at <b>9:18 P.M.</b> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>VA HOSPITAL, POPLAR BLUFF, MO.</b>	
22a. SIGNATURE <b>C. W. GASKINS, M.D., Chief, Surg. Svc.</b>		22c. DATE SIGNED <b>7/28/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-30-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>City Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>	
24. FUNERAL DIRECTOR <b>Frank-Cotrell Poplar Bluff, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8/2/58</b>	
26. REGISTRAR'S SIGNATURE <b>Rehman</b>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

AUG 6 1958

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

ETHNIC RACE

DATE OF BIRTH

JULY 25, 1922

BOYD

(M)

THOMAS

OF

3-2-52

WHITE

MALE

...

...

...

...

...

...

...

...

...

...

...

...

...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_ (Student Embalmer No. \_\_\_\_\_)

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER, in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.